

following a 2-week, open-label, observation period during which subjects continued to receive olanzapine. The rate of ATP-II metabolic syndrome, and the long term risk for diabetes and CHD was estimated and compared between arms. Brazilian costs and health resource estimates were applied to each event. Established risk functions were used to estimate diabetes and CHD risk. **RESULTS:** Among all patients, the baseline rate of metabolic syndrome was 89%. At 16 weeks, 80.3% of olanzapine versus 60% of aripiprazole patients exhibited metabolic syndrome (RR: 0.75; 95%CI: 0.61–0.92, $p = 0.006$). Diabetes risk increased by 1.3% (aripiprazole patients) and 6.4% (olanzapine patients), risk difference = 5.1 %. CHD risk decreased by 0.6% (aripiprazole patients) and increased by 0.3% (olanzapine patients), risk difference = 0.9%. Among 1000 patients, treatment with aripiprazole versus olanzapine would avert 203 metabolic syndrome events, 51 diabetes events, and 9 CHD events at a cost of R\$1,520.63, R\$1,856, and R\$4,122.31, per event avoided respectively. The total cost difference was R\$440,442. Risk differences were driven primarily by significant weight and lipid changes between agents, favoring aripiprazole. **CONCLUSIONS:** Antipsychotic-related metabolic adverse events and the consequent risk of diabetes and CHD can add substantially to health care costs among patients with schizophrenia in Brazil. Health care providers should consider these risks in the selection of appropriate antipsychotic agents.

PMH5

COST-EFFECTIVENESS OF RISPERIDONE LONG-ACTING INJECTABLE VERSUS QUETIAPINE IN SCHIZOPHRENIC PATIENTS

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OBJECTIVES: To assess the cost-effectiveness of treatment of schizophrenia with Risperidone long acting injectable (RLAI) in comparison with oral Quetiapine using an economic model. **METHODS:** A decision-tree model was built using a treatment algorithm simulating the Brazilian Public Health System and applying the rehospitalization rates extracted from a 2-year head-to-head study which compared RLAI and oral quetiapine. Cost data were extracted from an analysis of direct cost of hospitalization in a Brazilian public mental health hospital. As usual in the Public Health System, patients considered in this model had previously used Oral Risperidone and were eligible to use other second-generation antipsychotics, as well as switch to others. **RESULTS:** In the head-to-head comparison, patients treated with RLAI had a rehospitalization rate of 33.1%, while patients treated with Quetiapine had a rehospitalization rate of 16.5% ($p < 0.0001$). In a hypothetical cohort of 1000 patients followed for two years, the number of hospital days was 3.3 higher in the Quetiapine group, and the number of patients requiring hospitalization in the Quetiapine group was 1.8 higher, which represent 139 patients without hospitalization in the RLAI group in the same period. Mean number of days at hospital was lower with RLAI (32 days) than with Quetiapine (64 days). RLAI was the treatment with lower direct cost, generating an annual saving of R\$1040.00 per patient in the Public System. **CONCLUSIONS:** In comparison with Quetiapine, RLAI is cost saving, due to lower rehospitalization rates.

PMH10

ANÁLISE DE CUSTO EFETIVIDADE DOS ANTIPSICÓTICOS ATÍPICOS NO TRATAMENTO DA ESQUIZOFRENIA COM BASE NO NNT(NÚMERO NECESSÁRIO TRATAR)

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OBJETIVOS: A Medicina Baseada em Evidências é importante por fornecer indicadores que avaliam a eficácia de tratamento em perspectiva mais prática, como o número necessário tratar (NNT), que representa o número de pacientes que é necessário tratar para obter um desfecho favorável, comparado a taxa de sucesso do grupo controle. O NNT é útil na tomada de decisão, pois demonstra pelo impacto orçamentário não só o “custo de sucesso” (custo efetividade) mas também o “custo de desperdício”. Um NNT de 7.0 significa que é necessário tratar 7 pacientes para obtenção de um desfecho favorável, significando que 6 pacientes foram tratados sem sucesso. O Sistema de Saúde Público (SUS) do Brasil apresenta atualmente altos custos no tratamento da esquizofrenia. Paliperidona é um novo antipsicótico atípico oral de liberação prolongada e dose diária única. O objetivo é demonstrar por análise de custo efetividade baseada em NNT, o custo para obtenção de sucesso clínico, para antipsicóticos atípicos (paliperidona, olanzapina, quetiapina, ziprasidona, aripiprazol). **MÉTODOS:** Os valores de NNT utilizados para olanzapina, ziprasidona, quetiapina e aripiprazol foram obtidos de revisões sistemáticas da Cochrane. O NNT da paliperidona foi retirado da bula. Para cálculo dos custos diários de tratamento foi utilizada a Dose Diária Definida (DDD) e preços retirados da revista indexada. **RESULTADOS:** Os valores de NNT encontrados foram: 7.0 olanzapina, 5.0 aripiprazol, 7.0 ziprasidona e 8.0 quetiapina. Para paliperidona, o NNT obtido foi 3.87. Os custos para obter um sucesso clínico foram, R\$3,851 (olanzapina), R\$ 2,747 (aripiprazol), R\$2,423 (ziprasidona), R\$6,115 (quetiapina) e R\$2,003 (paliperidona). **CONCLUSÕES:** Paliperidona demonstrou o melhor NNT e o menor “custo de sucesso clínico” comparada aos outros atípicos. Assim, a escolha do tratamento com a paliperidona torna-se uma opção eficiente.

COSTO-EFECTIVIDAD DE OCHO MEDICAMENTOS ANTIPSICÓTICOS EN COLOMBIA

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OBJETIVOS: Evaluar la costo-utilidad de los principales medicamentos antipsicóticos en el contexto colombiano. **METODOLOGÍAS:** Con un modelo de árbol de decisión (horizonte temporal de un año, perspectiva de tercero pagador), se simulan ocho medicamentos antipsicóticos: haloperidol y siete atípicos (aripiprazol, clozapina, olanzapina, paliperidona, quetiapina, risperidona y ziprasidona). Se utilizaron datos de efectividad y adherencia del estudio CATIE, los valores de haloperidol, clozapina y paliperidona se obtuvieron de estudios clínicos y panel de expertos locales. Los eventos adversos se obtuvieron de estudios clínicos. Los costos directos sanitarios corresponden al valor de facturación de prestadores de servicios de salud locales y la calidad de vida en QALY se obtuvo del registro de utilidades de Tufts. Tasa de cambio US\$1 = Col\$2391. **RESULTADOS:** El costo de atención en salud anual promedio fue: haloperidol US\$1724, paliperidona US\$2263, risperidona US\$2546, clozapina US\$2963, ziprasidona US\$2998, quetiapina US\$3500, olanzapina US\$3645, y aripiprazol US\$3890. Comparado con haloperidol, la menor razón incremental de costo-utilidad corresponde a paliperidona (US\$25.8K / QALY). En los otros atípicos, ésta varía entre US\$54K (risperidona) y US\$238K (aripiprazol). Estos valores estarían magnificados por las pequeñas diferencias en utilidades (entre 0.63 QALY para haloperidol y 0.65 QALY para olanzapina y paliperidona). Considerando lo anterior, calculamos el beneficio neto. Con una disponibilidad a pagar de US\$25K por QALY, haloperidol y paliperidona generarían un beneficio similar (US\$14.1K) que es mayor al de cualquier otro atípico (entre US\$12.7K con olanzapina y US\$13.7K con risperidona). **CONCLUSIONES:** Haloperidol sigue siendo el antipsicótico más costo-efectivo en el mercado. En este modelo, que minimiza diferencias en efectividad, el único antipsicótico costo-efectivo comparable con haloperidol es la paliperidona. Un trabajo posterior incluirá costos indirectos y un seguimiento mayor. Estos resultados sugieren que paliperidona sería el medicamento de elección al prescribir un antipsicótico atípico oral.

PMH7

HEALTH CARE RESOURCE UTILIZATION IN THE TREATMENT OF DEPRESSION IN MEXICO

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OBJECTIVES: Depression is one of the most frequent mental health ailments. It has been estimated that by year 2020, it will be the worldwide second cause for the loss of healthy life years and the first cause in developed countries. In Mexico, the prevalence of major depression is estimated from 7% to 12%. However there is not information regarding health care resources use in Mexico for this pathology. This study's objective is to document the health care resource use for depression treatment in Mexico. **METHODS:** Twenty one mental health specialists from a public health institution were asked to answer a questionnaire. Additionally, modified Delphi method was applied with eight specialist to further analyze some of the topics. A database was created from the answers and a statistic analysis was performed. **RESULTS:** Sixty percent of the ambulatory patients of the psychiatric area turn to the specialist due to depression and from these 40% due to major depression. Eighteen percent of the depression patients require hospitalization and, in average, they stay in the hospital 25 days. Approximately 39% of the patients with major depression become handicapped 3 periods of 14 days during the treatment. The average prescription time for the anti-depressive drugs is 11.3 months; however, the specialist reported that the prescription time could be from 4 to 27 months. **CONCLUSIONS:** This study provides base line information regarding the use of health care resources use in the treatment of depressed patients in Mexico. Further evaluations of the disease burden in the country should be performed.

MENTAL HEALTH – Patient-Reported Outcomes Studies

PMH8

FACTORES ASOCIADOS AL INCUMPLIMIENTO DE TRATAMIENTOS CON ANTIDEPRESIVOS EN SANTIAGO, CHILE

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OBJETIVOS: Identificar los factores asociados al incumplimiento de tratamientos con antidepresivos (AD) en Santiago, Chile. **METODOLOGÍAS:** Mediante un estudio transversal se entrevistó en hogares a una muestra representativa y probabilística de 1000 personas ≥ 15 años en Santiago, Chile. Los datos se analizaron a través de estadística descriptiva y regresiones logísticas con STATA 8.0. **RESULTADOS:** De los 171(17.1%) sujetos que declararon haber consumido alguna vez en su vida AD, el 52.4% declaró ser incumplidor para dosis, tiempo recomendado de uso y/o ambas (33.2% para dosis y 38.3% para tiempo de uso). Al estudiar el incumplimiento al tiempo recomendado de uso, se observaron diferencias significativas en Grupo Socio-económico (GSE) bajo que presentó 5.3 veces más riesgo de incumplimiento que GSE alto (OR = 5.3; IC95% 1.51–18.40; $p = 0.009$). La condición de mujer con GSE medio-alto y bajo presentó más riesgo de incumplimiento que mujer de GSE alto (OR = 3.95; IC95% 1.29–12.15; $p = 0.016$) y (OR = 4.3; IC95% 1.11–16.52; $p = 0.035$), respectivamente. Además, al estudiar el incumplimiento a la dosis prescrita se observó